

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
APPLICATION FOR RENEWAL - CORPORATION LICENSE

**PLEASE MAKE CHECK PAYABLE TO: BOARD OF MORTICIANS AND FUNERAL DIRECTORS, 4201
Patterson Avenue, Baltimore, MD 21215**

FAILURE TO RENEW LICENSE BY 12/15/2018 WILL RESULT IN PENALTY FEE OF \$400

RETURN BY NOVEMBER 15, 2018

RENEWAL FEE \$975

EXP. DATE 11/30/2018

Corporation Name: _____

Federal Tax ID Number: -

SECTION I – GENERAL INFORMATION - This section must be completed in full.

If your name or address has changed since the last renewal, please indicate by noting new address.

A. Establishment Address: _____

Establishment Phone Number: - -

B. Practice Address: _____

Practice Phone Number: - -

E-mail address: _____ Cell Phone Number: _____

C. Mailing Address: Which address do you wish to receive mail from the Board? (renewal licenses, newsletters, etc.)
(Please check one) Establishment: ☐ Practice: ☐

D. MD County of Residence: _____ E. MD County of Practice: _____

The Health Occupations Article, Title 1, § 1-202, requires that you verify that you are complying with the Workmen's Compensation Law. This section must be completed for your renewal to be issued.

I hereby certify that:

_____ I am exempt because I do not employ anyone in my establishment.

_____ I employ one or more persons in my establishment and have the following coverage.

Insurance Company _____

Policy Number _____ Expiration Date _____

COMPLETE THE FOLLOWING INFORMATION:

1. **CORPORATION: List all officers and positions** (Attach additional pages if necessary.)

_____ (Name)	_____ (Position)
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_____ (Name)	_____ (Position)
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_____ (Name)	_____ (Position)
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2. List the Maryland licensed morticians or funeral directors your establishment employees. (Attach additional pages if necessary.)

Name _____ License Number _____

Name _____ License Number _____

Name _____ License Number _____

3. List all apprentices you employ. (Attach additional pages if necessary.)

Apprentice's Name _____ Sponsor's Name _____

Apprentice's Name _____ Sponsor's Name _____

- 4 **CORPORATION:** List all names of the officers and their titles (Attach additional pages if necessary.)

(Name)	(Address)	(Position)

(Name)	(Address)	(Position)

5. **CORPORATION:** List the names of any individual, corporation, or other business entities, which either directly or indirectly hold an ownership interest of ten percent or more in the corporation or business entity that operates the funeral establishment. (Attach additional pages if necessary.)

(Name)	(Address)

(Name)	(Address)

I HEREBY DECLARE that I am a mortician licensed in the State of Maryland and approved by the State Board of Morticians and Funeral Directors, and I agree to perform the actual and personal responsibilities of a supervising mortician.

I further declare that I will advise the Board of any termination or cessation of my responsibilities as supervising mortician.

Signature of Supervising Mortician

License Number

Subscribed and sworn to before me on this _____ day of _____, 20_____.

My Commission expires on _____.

NOTARY PUBLIC

SEAL